

PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE
Commissioner for Patents
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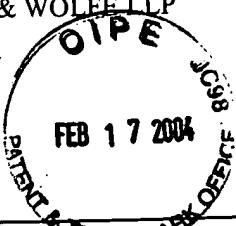
or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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24510 7590 11/17/2003

PIPER MARBURY RUDNICK & WOLFE LLP
STEVEN B KELBER
1200 NINETEENTH STREET, NW
WASHINGTON, DC 20036-2412



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Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/138,091	08/21/1998	CAMELLIA W. ADAMS	9491-013-27	3668

TITLE OF INVENTION: AGONIST ANTIBODIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	02/17/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
SPECTOR, LORRAINE	1647		435-069100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Genentech, Inc.

South San Francisco, California

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee
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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1442 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Perry E. Van Over Reg. No. 42,197 for
Steven B. Kelber Reg. No. 30,073 2/17/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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02/20/2004 MBERHE1 00000144 09138091

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PIPER RUDNICK LLP
1200 NINETEENTH STREET, NW
WASHINGTON, DC 20036-2412
TELEPHONE: 202-861-3900
FACSIMILE: 202-223-2085

DOCKET NO.: 9491-013-27

ASSISTANT COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA 22313-1450

Re: Serial No.: 09/138,091
Applicant(s): CAMELLIA W. ADAMS, ET AL.
Filing Date: AUGUST 21, 1998
For: AGONIST ANTIBODIES
Group Art Unit: 1647
Examiner: LORRAINE SPECTOR

SIR:

Attached hereto for filing are the following papers:

FEE TRANSMITTAL
ISSUE FEE TRANSMITTAL

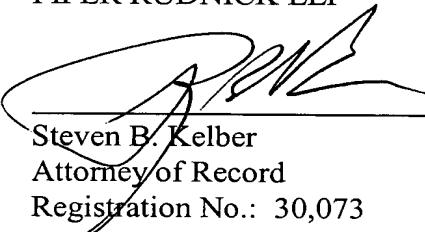
Our check in the amount of \$1,330.00 is attached covering any required fees. In the event any variance exists between the amount enclosed and the Patent Office charges for filing the above-noted documents, including any fees required under 37 C.F.R. 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 50-1442. Further, if these papers are not considered timely filed, then a request is hereby made under 37 C.F.R. 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

PIPER RUDNICK LLP


Date

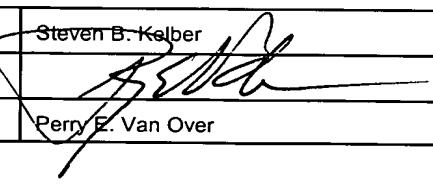
Steven B. Kelber
Attorney of Record
Registration No.: 30,073


Perry E. Van Over
Registration No.: 42,197

O P E
FEB 17 2004
PATENT & TRADEMARK OFFICE

FEE TRANSMITTAL

								Docket No.	9491-013-27						
								Serial No.	09/138,091						
								Filing Date	AUGUST 21, 1998						
								Inventor(s)	CAMELLIA W. ADAMS, ET AL.						
								Group Art Unit	1647						
TOTAL AMOUNT OF PAYMENT				\$1,330.00				Examiner	LORRAINE SPECTOR						
<input type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> Charge any <u>UNDERPAYMENT</u> or credit any <u>OVERPAYMENT</u> in the indicated fees to Deposit Account No. 50-1442. <input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.								FEE CALCULATION (continued)							
								3. ADDITIONAL FEES							
								Large Entity		Small Entity		Fee Description			
2. <input checked="" type="checkbox"/> Check enclosed.								Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Paid		
FEE CALCULATION								1051	130	2051	65	Surcharge-late filing fee or oath			
1. BASIC FILING FEE								1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet			
Large Entity		Small Entity		Fee Description				1053	130	1053	130	Non-English Specification			
Fee Code	Fee (\$)	Fee Code	Fee (\$)					Fee Paid	1251	110	2251	55	1-mo. ext. of time		
1001	770	2001	385	Utility filing fee					1252	420	2252	210	2-mo. ext. of time		
1002	340	2002	170	Design filing fee					1253	950	2253	475	3-mo. ext. of time		
1003	520	2003	260	Plant filing fee					1254	1480	2254	740	4-mo. ext. of time		
1004	770	2004	385	Reissue filing fee					1255	2010	2255	1005	5-mo. ext. of time		
1005	160	2005	80	Provisional filing fee					1401	330	2401	165	Notice of Appeal		
SUBTOTAL (1)					\$0.00			1402	330	2402	165	Appeal Brief			
2. EXTRA CLAIM FEES								1403	290	2403	145	Request for Oral Hearing			
tot. claims		-	20*	=	0	x	\$18	=	0	1501	1330	2501	665	Utility/Reissue Issue Fee	\$1,330
ind. claims		-	3*	=	0	x	\$86	=	0	1502	480	2502	240	Design Issue Fee	
<input type="checkbox"/> Multiple Dependent Claims		\$290				=			1504	300	1504	300	Publication Fee		
Large Entity		Small Entity		Fee Description				8001	3	8001	3	Advance Copy of Patent			
Fee Code	Fee (\$)	Fee Code	Fee (\$)					1460	130	1460	130	Petitions to the Commissioner			
1202	18	2202	9	Claims in excess of 20				1806	180	1806	180	IDS Submission			
1201	86	2201	43	Independent claims in excess of 3				8021	40	8021	40	Assignment recordation			
1203	290	2203	145	Multiple dependent claim, if not paid				1801	770	2801	385	For Filing RCE			
1204	84	2204	43	*Reissue independent claims over original patent				1814	110	2814	55	Terminal Disclaimer			
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent				OTHER (indicate below):							
SUBTOTAL (2)					\$0.00										
* or number previously paid, if greater; For Reissues, see above								SUBTOTAL (3)						\$1,330.00	

Name	Steven B. Kelber			Registration No.			30,073		
Signature				Date	February 17, 2004			Telephone	202-861-3900
Name	Perry E. Van Over			Registration No.			42,197		